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STATISTICAL BULLETIN

METROPOLITAN LIFE INSURANCE COMPANY

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Good News from the Flood Area

THERE are many indications that the very considerable increase in the death rate observed so far this year among the 17,500,000 Industrial policyholders of the Metropolitan Life Insurance Company has applied to the population of the country as a whole, and has not been due to higher mortality in the flood area of the Ohio and Mississippi Valleys. In fact, replies to inquiries sent by the Metropolitan to health officials whose cities have borne the brunt of the January and early February floods state either that there has been a very small increase in deaths or that the death rate actually has been lower this year than during the like weeks of 1936. In the light of these facts, it would seem that in the stress of the disaster the magnitude of the death toll was overestimated.

All of the evidence collected to date indicates, indeed, that the relatively unfavorable mortality record of early 1937 is chargeable, chiefly, to material increases in parts of the country which the 1937 floods have not touched. For example, there were nearly twice as many deaths in the Denver area during the first five weeks of 1937 as in the same period of 1936. In the Pacific Coast States increases of 25 to 47 percent were registered in Los Angeles, Long Beach, Oakland, Portland, San Francisco, San Diego, and Spokane. Minneapolis showed a rise of 25 percent and St. Paul one of 44 percent. Appreciable increases also were observed in Baltimore, Buffalo, Cleveland, Dayton, Des Moines, Detroit (23 percent), El Paso (34 percent), Jersey City, Knoxville (41 percent), Milwaukee (26 percent), New York, Omaha (37 percent), Philadelphia, St. Louis (26 percent), Syracuse (30 percent), Washington, and Yonkers (32 percent). In other words, while the large cities of the flood area, of New England, and of the South Atlantic and South Central States show early 1937 mortality records that are, in general, as good as or even better than those of last year, in the rest of the country the urban death rate appears to have increased materially. There is, of course, the possibility that when mortality data for the smaller cities, and for the rural districts of the flood areas, become available, the comparison with last year's mortality record may not be so favorable.

The complete toll of catastrophes like the 1937 floods cannot be measured, however, by the immediate effect on the mortality rate. The first concerns of health officials are to prevent infection and the spread of epidemic diseases; to safeguard water, food, and milk supplies, and to cope with the problem of shelter. But there is always a future health emergency, as well as an immediate one, to be reckoned with. Inadequate housing facilities remain in evidence for a considerable time and make for the overcrowding of such shelter as is available. Poor ventilation and impairment of heating facilities reduce bodily vigor, increase susceptibility to disease, and still further lower the resistance of those who have endured the hardships of a major flood, such as that which has just affected such a large area. The hazard to those with chronic diseases, old people in particular, is a serious consideration, and there is little doubt that many deaths among them will be hastened by the hardships which flood conditions have engendered.

One of the bright side lights of this year's disaster is the efficiency of national, State, and city health officials in organizing to cope not only with the immediate emergency, but with the future potentialities arising from the worst flood that has ever visited the Ohio and Mississippi Valleys. The success of the health agencies in dealing with the health problems of the stricken sections will depend, in large part, on the cooperation of the people in offering themselves for inoculation and vaccination against epidemic diseases, in boiling their drinking water, in protecting foods against pollution, and in assisting otherwise to bring the general sanitation of their homes up to the highest possible level.

The Decline in Infant Mortality Since 1915

THE infant mortality rate has declined more than 51 percent in the Original Birth Registration Area* since 1915. The States comprised in this area contain approximately one third of the population in the United States. They have been among the leaders in the public health movement; their record in reducing the death toll in the hazardous first year of life presents an instructive picture of what intelligent effort can accomplish.

Progress made in this field is of particular importance because an infant saved means many potential years of life saved, not only for the individual, but in the contribution that individuals will make to the life of the race and the material wealth of the community. Faced with a continuously declining number of births, the country must conserve the lives of the babies who are born. The social implications arising from our continuously aging

*The six New England States, New York, Pennsylvania, Michigan, Minnesota, and the District of Columbia.

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population are grave enough; and one of the few forces which tend to keep them from becoming graver is the success we have had in lowering infant mortality. This has been done, largely, by the reduction of deaths from congenital conditions, through better prenatal care of mothers, and by better care of the infants themselves. However, the accomplishment of first magnitude has been the precipitous decline in the mortality from diarrheal disease, which 20 years ago was the leading cause of death in infancy. Good progress also has been made against other controllable diseases, notably pneumonia and whooping cough. In contrast with these achievements, it is a regrettable fact that despite improvements in the science of obstetrics and a vast increase in hospital facilities, there are, in proportion to the number of live births, more deaths from injury at birth today than there were 20 years ago.

In 1915 the infant death rate for these 10 States and the District of Columbia was 99.9 per 1,000 live births; by 1935 (the last year for which figures are available) it had decreased to 48.8. The greatest reduction accomplished by any one of these States was that of Rhode Island, which succeeded in lowering its infant mortality rate of 120.3 to 47.2, a decrease of nearly 61 percent.

Of the 10 States here enumerated, six recorded decreases over the 20-year period ranging from 51 to 61 percent; three showed reductions between 40 and 44 percent; and one, a decline of 37 percent. The District of Columbia registered a decrease of 46.5 percent during the 20 years under consideration; a splendid achievement, in view of its large Negro population, whose infant mortality has always been excessively high. When the District's white population, alone, is considered, we find a reduction of nearly 51 percent.

In 1915 only four States reported infant death rates below 100 per 1,000 live births—New York, 99.3; Michigan, 86.0; Vermont, 85.5; and Minnesota, 70.2. In 1935, on the other hand, no State recorded a rate above 63 per 1,000 live births; seven States reported rates below 50, and only two, rates between 50 and 60—Pennsylvania, 50.7, and New Hampshire, 53.9. The 1935 rate for the total population of the District of Columbia was 59.4, but that for the white population alone was only 40.8 per 1,000 live births.

The practical significance of these figures, however, is not revealed until they are interpreted in terms of actual life saving. If the 1915 infant mortality rate had prevailed in 1935, instead of the 30,000 infant deaths actually reported in the Original Birth Registration Area, there would have occurred 61,000 deaths of young babies. This represents a saving of about 31,000 infant lives during the single year 1935, and corresponds, in round numbers, to an addition of three years to the average length of life.

On the whole, the results of the infant mortality campaign of the

last two decades are most gratifying. There is, however, a dark side of the picture which should not be overlooked. During the last 21 years the combined birth rate for these States declined from 25.1 per 1,000 population, in 1915, to 15.6 in 1935, a decrease of about 38 percent. In other words, there were about 374,000 fewer births in 1935 than would have occurred if the 1915 birth rate had been maintained. Subtracting from this figure the probable number of infant deaths that would have occurred in 1935, we find that there was a net loss of 356,000 babies during that year. That is to say, while the health authorities of these States were busy saving the lives of about 31,000 infants, other forces were losing to posterity the potential lives of some 356,000 others. For every baby saved by disease preventive measures, 11 were lost through decreased fertility.

More Than 165 Millions Paid in Death Claims to Metropolitan Beneficiaries During 1936

THE Metropolitan Life Insurance Company, in 1936, paid $165,500,000 to beneficiaries of deceased policyholders. This large sum, $73,000,000 greater than the disbursements of 10 years ago, is a measure not only of one of the benefits derived directly from Life insurance, but also of the Company's stake in the health and welfare of the people throughout the United States and Canada.

Deaths from external causes were not as prominent in 1936 as in 1926. This can be gathered from the figures in the table on page 6, when due allowance is made for the payment of double indemnity accidental death benefits on Industrial claims in 1936, a practice that was not in operation in 1926. This means that the proportion of deaths from disease has increased in spite of the remarkable gains made during the past decade in the control of certain diseases.

Heart diseases lead for disbursements on death claims for the 13th year in succession. Of the total sum disbursed for all causes of death, 17½ percent was paid on account of heart conditions. In 1926 the proportion due to this disease was 14.3 percent. In both years the proportion would have been considerably greater if the amounts paid for such closely related diseases as angina pectoris, diseases of the coronary arteries, etc., had been included. The increase in the proportion of death claim payments for the cardiac conditions during the past 10 years is due, in part at least, to the increasing percentage of older policyholders included. The decline in the principal infectious diseases of childhood, the chronic focal infections, and the venereal diseases, all of which frequently superinduce cardiac conditions, has not reduced the

deaths from heart disease as much as might have been expected. The three principal "degenerative" diseases (heart disease, chronic nephritis, and cerebral hemorrhage), which frequently run concurrently, were jointly responsible for payments of more than $50,000,000 or nearly one third of the total in 1936. Chronic nephritis and cerebral hemorrhage were of almost equal importance, and were responsible for 6.5 and 6.4 percent of the total payments, respectively.

Cancer, for the fourth year in succession, ranked second among the causes of death for which money was disbursed. In 1936 almost one eighth of the claim disbursements were for cancer deaths, as compared with one eleventh 10 years ago. Here, again, the increase in proportion is due to the increase in policyholders in the age ranges where cancer is most fatal. The 1936 and the 1926 cancer death rates, when adjusted to the same color, sex, and age distribution, are identical for Metropolitan premium-paying Industrial policyholders.

Accidents are third in importance as a cause of death claim disbursement. The total payments for all accidents amounted to $16,816,742 last year and accounted for about $1 in each $10 disbursed. Automobile fatalities were the most important single form of accident, and payments on their account amounted to 40 percent of the total for all accidents. The present-day problem of mortality from automobile accidents is not only one requiring the closest attention of all those interested in the conservation of human life, but it is a matter of grave concern to all Life insurance companies when it is considered that this Company paid out on account of automobile accidents alone $4 out of every $100 disbursed.

Fourth among the causes of death for which money was disbursed were influenza and pneumonia when taken jointly. Eight percent of the total disbursements were charged to these two causes, as compared with 10.8 percent in 1926. While deaths from influenza were low in 1936, owing to the absence of any widespread epidemic of the disease, the deaths from pneumonia were higher than in any year since 1931.

Tuberculosis, which ranked first in death claim payments as recently as 1923, ranked seventh in 1936 and accounted for only $1 in every $20 disbursed during the year. In 1926 tuberculosis claims accounted for $1 of every $10, and in 1923, for $1 in every $8. The velocity of the rate of decline of tuberculosis mortality was not as great in 1936 as in the more recent years. In fact, during the latter part of the year the death rate showed a tendency to exceed that of 1935.

The sum paid out in settlement of death claims arising from pregnancy and childbirth was less than that of 10 years ago, although the number of women policyholders has greatly increased. In 1936 only 6/10 of 1 percent of the claim disbursements were for maternal deaths,

as compared with 1.4 percent 10 years ago. A notable feature of the mortality record for the year was a decline of about 10 percent in the crude death rate for the diseases of the puerperal state.

Diabetes is becoming an item of increasing importance in the budget of the Life insurance companies. The disbursements for this disease amounted to nearly $4,000,000 last year, or 2.4 percent of the total.

Suicides were responsible for a smaller proportion of claim payments in 1936 than in any year since 1927. The improvement over the figure for 1935 was marked. Suicides, nevertheless, were responsible for payments of nearly $4,000,000 in the year.

Amounts Disbursed on Account of Deaths from Specified Diseases and Conditions. Entire Experience of Metropolitan Life Insurance Company. All Ages. 1926 and 1936 Compared.

Diseases and Conditions	Amount		Percent of Total	
	1936	1926	1936	1926
All Causes of Death	$165,501,999*	$92,818,712*	100.0	100.0
Typhoid fever	221,707	444,630	0.1	0.5
Diphtheria	84,507	181,575	.1	.2
Influenza and pneumonia	13,278,729	9,983,678	8.0	10.8
Influenza	2,506,513	2,781,250	1.5	3.0
Pneumonia	10,772,216	7,202,428	6.5	7.8
Tuberculosis—all forms	8,295,774	9,965,635	5.0	10.7
Tuberculosis of respiratory system	7,613,206	9,195,181	4.6	9.9
Cancer—all forms	19,786,057	8,459,754	12.0	9.1
Diabetes mellitus	3,933,343	1,672,587	2.4	1.8
Cerebral hemorrhage; apoplexy	10,649,215†	5,478,817	6.4	5.9
Diseases of heart‡	28,934,415	13,235,333	17.5	14.3
Appendicitis	2,931,598	1,974,656	1.8	2.1
Chronic nephritis (Bright's disease)	10,702,641	7,022,274	6.5	7.6
Puerperal state—total	1,017,442	1,316,205	.6	1.4
Total external causes	21,781,367§	11,398,446	13.2	12.3
Suicides	3,871,519	1,909,279	2.3	2.1
Homicides	1,093,106§	911,826	.7	1.0
Accidents—total	16,816,742§	8,577,341	10.2	9.2
Accidental drowning	1,169,208	739,774	.7	.8
Traumatism by fall	2,571,913	1,008,973	1.6	1.1
Railroad accidents	956,652	814,675	.6	.9
Automobile accidents	6,681,673	2,073,146	4.0	2.2
All other accidents	5,437,296	3,940,773	3.3	4.2
All other diseases and conditions	43,885,204	21,685,122	26.4	23.3

*Includes reinsurance received from other companies, $585,368 in 1936 and $282,318 in 1926.

†Not strictly comparable with the figure for 1926, due to changes in classification procedure.

‡Excludes pericarditis, acute endocarditis, acute myocarditis, and angina pectoris.

§Not strictly comparable with the figure for 1926. Since 1928 the Company has extended to Industrial policyholders a double indemnity accidental death benefit without extra premium. Additional accidental death benefits for 1936 totaled $4,635,479, of which $3,101,439 was paid on Industrial policies.

Marriage and Long Life

THE risk of death is unevenly distributed among the single, the married, and the widowed. It is different for men and for women at different ages in each of these classes. Some evidence of these facts, taken from Canadian statistics, was presented in the STATISTICAL BULLETIN for April 1936. On the present occasion we bring further data from within our own borders, the State of New York, exclusive of New York City. The table on page 9, computed in the Statistical Bureau of the Metropolitan Life Insurance Company from official data, gives death rates among single, married, and widowed for males and females separately at each year of life from age 20 to age 70, according to the mortality of 1929-1931.

One rule holds consistently throughout life: the married male is favored over the unmarried. The disparity is not a mere trifle, it is very pronounced. In fact, over a considerable range of ages, from 30 to 45, the mortality of the married men is less than half that of the single. Among the women, the advantage of the married is less pronounced. Their death rate at ages from 30 to 65 is better by only about 10 percent than that of the single; and for very young wives, ages 20 to 24, the hazards of childbirth, concentrated at this period, raise the mortality of the married somewhat above that of the single. This hazard also shows its effects in another way. Whereas, generally speaking, men have higher mortalities than women, *married* men between the ages of 20 and 31 actually have mortalities materially lower than have married women. The modern tendency, of course, is for this handicap of women on account of childbirth to diminish owing to the declining birth rate. So, for instance, in England and Wales, where data for three decades are available, the ratio of the mortality among married women to that among single women at age 20 in the years 1911, 1921, and 1931 has run through the decreasing series of values 1.35, 1.23, and 1.20, or, expressed in whole numbers, 4 to 3; 5 to 4; 6 to 5.

Those columns of the table which give the death rates for the widowed and the married present some points of peculiar interest. That the death rates among the widowed are higher throughout, and in many cases very materially higher than among the married, is a common observation to which it will suffice to refer in passing. What is perhaps not so generally realized, and in fact goes rather contrary to one's natural expectations, is that the figures show greater excess mortality for the widowed, as compared with the married, among the males than among the females. One would naturally expect that a widowed woman, finding herself suddenly without the source of income resulting from her husband's employment, would be much harder struck

than a widower who, upon the death of his wife, naturally continues in his regular occupation and earnings. It is true that he is likely to be put to a certain expense through the necessity of providing some substitute in his home for his wife's activities, but this does not seem nearly as severe a shock to his family resources as his own death would be in the event that he was survived by wife and children. Here again we are not dealing with slight differences, but with severe contrasts. For example, at age 35 the mortality of widows is 5.76 per 1,000 as against 4.11 among married women, a serious enough excess, but relatively moderate as compared with the corresponding excess in the case of men. Among widowers at age 35 the mortality is 9.22 per 1,000, well over twice that among married men, which is 4.42 per 1,000.

The figures thus selected for mention at age 35 are typical of what is seen to occur throughout a long range of ages. Contrary to what one might expect, the widow is the less hard hit than the widower, to judge by differential mortalities of the widowed and the married. At the younger ages this may be partly explained by the fact that a woman, on becoming widowed, escapes the risk of childbirth until such time as she may remarry. But apparently this effect is at most slight, and in any case it does not account for the relatively better showing of widows over widowers when each group is compared with the married. Possibly a selective remarriage rate holds a partial explanation of this singular set of figures. It is well known that the remarriage rate among widowers, at any rate from age 25 up, is very much greater than among widows, and remarriage is, no doubt, a selective process. Apparently the unmarried residue of this selection has a relatively higher mortality among men than among women.

The table furnished herewith represents essentially current conditions. One may find it interesting to speculate about the future. We are in the era of agitation for pensions. It certainly would be a very excellent thing if more ample provision were made henceforth than there has been in the past, to take care of women who by the death of their husbands find themselves under economic stress. If and when such pension plans become more effective than those of today, what may we expect will be the effect upon mortality figures? The pension will fail in its purpose if it does not relieve the widow of much of the stress resulting from the loss of the breadwinner for the family. The release from such stress should in itself tend to diminish mortality. In addition to this, there may be a secondary factor. Widows finding themselves with a pension will have one motive for remarrying removed. They may be disposed to carry on alone. This tendency to remain independent may very well be selective, being favored particularly by the

Mortality Rate per 1,000 by Marital Condition, Sex, and Age
New York State Exclusive of New York City, 1929-1931

Age	Males				Females				Age
	Total	Single	Married	Widowed	Total	Single	Married	Widowed	
20	3.24	3.34	2.06	*	2.75	2.50	3.78	*	20
21	3.40	3.58	2.30	*	2.97	2.71	3.65	*	21
22	3.54	3.83	2.49	*	3.15	2.92	3.54	*	22
23	3.66	4.10	2.63	*	3.30	3.12	3.48	*	23
24	3.77	4.39	2.73	*	3.41	3.30	3.45	*	24
25	3.87	4.71	2.81	*	3.50	3.48	3.44	5.54	25
26	3.97	5.06	2.90	*	3.57	3.64	3.44	5.44	26
27	4.07	5.45	2.99	*	3.63	3.78	3.46	5.40	27
28	4.20	5.88	3.11	*	3.68	3.91	3.49	5.43	28
29	4.33	6.33	3.25	*	3.74	4.02	3.54	5.50	29
30	4.48	6.81	3.41	8.90	3.81	4.12	3.60	5.58	30
31	4.65	7.29	3.59	8.48	3.87	4.22	3.67	5.65	31
32	4.82	7.77	3.78	8.23	3.95	4.31	3.76	5.71	32
33	5.02	8.25	3.98	8.27	4.04	4.39	3.86	5.73	33
34	5.23	8.74	4.19	8.63	4.15	4.49	3.97	5.74	34
35	5.48	9.26	4.42	9.22	4.28	4.62	4.11	5.76	35
36	5.76	9.83	4.68	9.97	4.45	4.79	4.29	5.82	36
37	6.10	10.47	4.97	10.79	4.66	5.01	4.49	5.93	37
38	6.48	11.20	5.30	11.61	4.92	5.30	4.74	6.12	38
39	6.91	12.00	5.67	12.40	5.22	5.65	5.02	6.38	39
40	7.38	12.84	6.08	13.16	5.56	6.07	5.34	6.70	40
41	7.87	13.71	6.50	13.88	5.93	6.53	5.68	7.07	41
42	8.39	14.59	6.96	14.55	6.32	7.04	6.04	7.49	42
43	8.93	15.45	7.43	15.16	6.74	7.60	6.42	7.94	43
44	9.49	16.31	7.93	15.75	7.19	8.17	6.83	8.43	44
45	10.08	17.19	8.47	16.37	7.67	8.75	7.27	8.98	45
46	10.73	18.09	9.06	17.04	8.18	9.31	7.74	9.60	46
47	11.44	19.03	9.71	17.83	8.74	9.85	8.27	10.29	47
48	12.22	20.03	10.43	18.76	9.35	10.33	8.84	11.08	48
49	13.08	21.08	11.22	19.84	10.01	10.81	9.47	11.94	49
50	14.02	22.20	12.08	21.08	10.74	11.32	10.16	12.88	50
51	15.05	23.38	13.02	22.50	11.53	11.91	10.91	13.88	51
52	16.16	24.62	14.04	24.08	12.41	12.61	11.73	14.94	52
53	17.37	25.92	15.14	25.85	13.37	13.46	12.61	16.05	53
54	18.68	27.30	16.33	27.75	14.42	14.47	13.56	17.22	54
55	20.10	28.77	17.63	29.75	15.57	15.63	14.59	18.46	55
56	21.64	30.34	19.03	31.82	16.82	16.94	15.71	19.80	56
57	23.30	32.02	20.54	33.90	18.18	18.38	16.92	21.23	57
58	25.08	33.84	22.18	35.98	19.66	19.97	18.23	22.79	58
59	27.00	35.81	23.95	38.05	21.26	21.71	19.66	24.47	59
60	29.06	37.99	25.84	40.13	23.00	23.60	21.20	26.30	60
61	31.26	40.41	27.87	42.24	24.90	25.64	22.86	28.28	61
62	33.60	43.11	30.03	44.39	26.96	27.86	24.65	30.44	62
63	36.10	46.12	32.34	46.61	29.19	30.24	26.59	32.77	63
64	38.78	49.42	34.82	48.99	31.64	32.84	28.70	35.31	64
65	41.69	53.00	37.49	51.60	34.33	35.70	31.01	38.08	65
66	44.87	56.83	40.39	54.56	37.29	38.85	33.55	41.10	66
67	48.36	60.91	43.55	57.94	40.57	42.33	36.37	44.40	67
68	52.19	65.21	47.01	61.83	44.19	46.18	39.49	48.00	68
69	56.43	69.80	50.80	66.24	48.20	50.42	43.00	51.93	69
70	61.11	74.75	54.98	71.17	52.63	55.03	46.98	56.24	70
75	92.63	106.99	83.40	103.34	82.22	84.36	75.49	84.60	75
80	138.44	151.00	126.57	147.57	124.03	128.90	107.99	126.35	80
85	193.83	199.08	180.96	200.29	180.20	183.19	138.32	183.58	85

*Data insufficient.

more robust women. As the result, a specially healthy element would be retained in the ranks of widows, thereby reducing the mortality of this group.

The entire complexion of the table published herewith testifies to marriage as a selective process. That it confers benefits of various kinds, which directly or indirectly are conducive to longer life, can hardly be questioned. But some of the contrasts shown are so great that one would hesitate to ascribe them wholly to such simple cause and effect relations as this. Unquestionably, selective processes are at work, in which a variety of factors of biological constitution and of economic status enter.

Health Record for January 1937

AN unseasonably warm January was marked by an unusually high mortality rate among the 17,500,000 Metropolitan Industrial policyholders. This rate was 9.7 per 1,000, the highest January figure since 1933, and 10.4 percent above the figure for the first month of last year, when extremely cold weather prevailed throughout the country.

Judging by reports received by this Company from health officers of cities in the flood area, the generally higher mortality this year was not due to an increase in deaths arising out of the floods, as explained elsewhere in this BULLETIN.

The January death rate from every important disease, except chronic nephritis, was higher than for the same month a year ago. The mortality from influenza more than doubled; that from tuberculosis rose 8.8 percent; from cancer 15.8 percent; from diabetes 22.1 percent; from cerebral hemorrhage 6.0 percent; from heart disease 3.0 percent; from coronary diseases 48.7 percent; and from pneumonia 21.3 percent. The death rate for all accidents combined increased appreciably, and that for automobile fatalities by 26.9 percent. The rise for the last named is explained, in large part, by the fact that January 1937 weather conditions were more favorable to motor vehicle traffic than those prevailing last year.

The January mortality experience among the Industrial policyholders in Canada was not as unfavorable as among those in the United States, since the increase in the death rate for all causes combined was slight, that is, from 6.4 per 1,000 in January 1936, to 6.6 in 1937.

According to the reports of the United States Public Health Service, there was more sickness throughout the country in January than in December 1936 from influenza, measles, scarlet fever, and smallpox, but there was lower prevalence of diphtheria, poliomyelitis, and typhoid fever. As compared with January a year ago, more cases of influenza, poliomyelitis, smallpox, and typhoid fever were reported, together with fewer cases of diphtheria, measles, and scarlet fever.

The following table shows the mortality among Industrial policyholders for January 1937, December 1936, and January 1936, together with the death rates for the years 1936 and 1935.

METROPOLITAN LIFE INSURANCE COMPANY

Death Rates per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. All Ages (Annual Basis).*

MONTHS OF JANUARY 1937, DECEMBER 1936, AND JANUARY 1936.

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	January 1937	December 1936	January 1936	YEAR	
				1936	1935
TOTAL—ALL CAUSES	970.7	798.5	879.5	839.8	837.6
Typhoid fever	.4	.9	.6	1.0	1.1
Measles	.9	.3	.8	.9	2.5
Scarlet fever	2.4	2.2	2.3	2.1	2.6
Whooping cough	1.9	2.3	1.6	1.7	2.7
Diphtheria	3.4	2.3	3.1	1.8	2.2
Influenza	36.3	12.7	17.9	14.6	14.7
Tuberculosis (all forms)	53.1	46.6	48.8	54.2	55.8
Tuberculosis of respiratory system	48.0	42.7	43.8	48.3	49.8
Syphilis, locomotor ataxia, and general paralysis of the insane	11.4	9.5	11.7	11.6	11.5
Cancer (all forms)	96.7	93.1	83.5	93.5	96.1
Diabetes mellitus	30.4	22.8	24.9	24.6	24.4
Cerebral hemorrhage; apoplexy	67.6	58.4	63.8	61.9	61.2
Diseases of the heart†	173.8	151.5	168.7	160.6	158.1
Diseases of the coronary arteries	35.4	26.3	23.8	25.4	22.7
Angina pectoris	10.5	8.3	8.0	8.6	9.3
Pneumonia (all forms)	127.6	69.9	105.2	69.8	66.1
Diarrhea and enteritis	5.6	6.3	6.7	8.5	8.1
Appendicitis	9.6	9.3	9.0	11.3	11.4
Chronic nephritis (Bright's disease)	59.0	53.6	60.5	59.2	60.2
Puerperal state—total	5.8	6.4	6.7	7.7	8.7
Suicides	7.9	6.8	8.5	8.8	9.2
Homicides	5.1	4.9	5.1	4.9	5.9
Accidents—total	57.0	55.2	54.3	57.6	54.5
Automobile accidents	24.5	22.6	19.3	20.1	20.3
All other diseases and conditions	168.7	148.9	164.2	149.7	148.7

*The rates for 1936 and 1937 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes pericarditis, acute endocarditis, and acute myocarditis.

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STATISTICAL BULLETIN,
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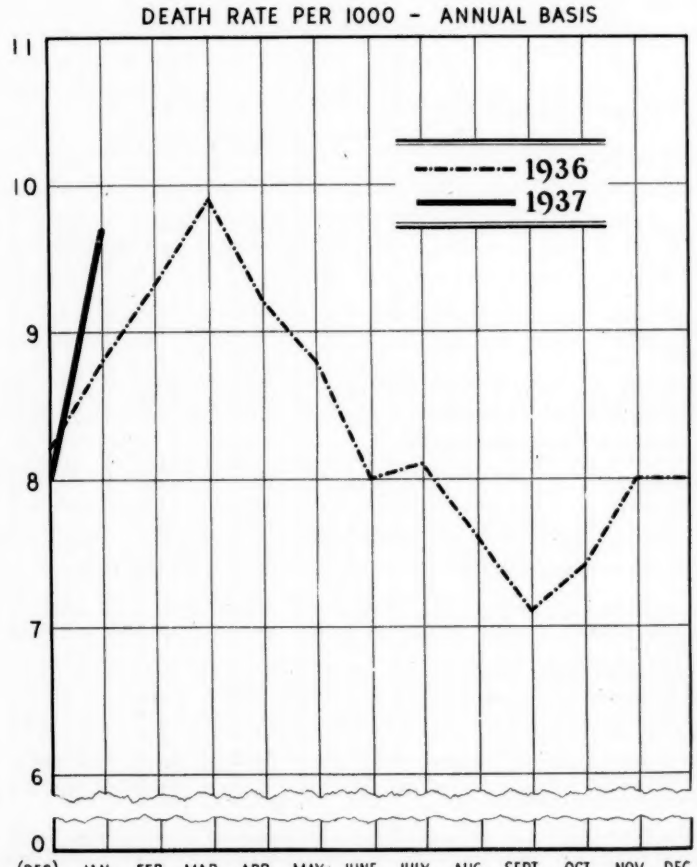
DEATH RATES FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE CO. – INDUSTRIAL DEP'T
WEEKLY PREMIUM-PAYING BUSINESS. – TOTAL PERSONS



	(DEC)	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
1936	*8.8*	*9.3*	*9.9*	*9.2*	*8.8*	*8.0*	*8.1*	*7.6*	*7.1*	*7.4*	*8.0*	*8.0*
1937	9.7											

Rates are provisional

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